

**BOARD OF CERTIFICATION OF OPERATING PERSONNEL
IN WASTEWATER TREATMENT FACILITIES**

RECIPROCITY CERTIFICATION APPLICATION

<p>When completed, mail to: Board of Certification of Operating Personnel in Wastewater Facilities Department of Health, State of Hawaii 1350 Sand Island Parkway, Bldg. 3A Honolulu, HI 96819</p>	<p><u>DO NOT WRITE IN THIS BLOCK</u></p> <p>Date received: _____ Amount fee received: _____ Comment: _____ _____ _____</p>
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Last Name M.I. First Name

Street Address

City and State Zip Code Phone No.

APPLICATION FEE: **\$25.00**. Please make check or money order payable to the State of Hawaii.

Check appropriate grade level requesting	Grade 1	Grade 2	Grade 3	Grade 4
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IMPORTANT: Please submit the following documentation.

1. **Copy of valid/current certificate.**
2. **Letter verifying application of employment in the State of Hawaii.**
3. **Verification from issuing Board that a written examination was required for certification.**
4. **Submit current copy of wastewater operator certification rules or regulations applying to Item No. 1.**

WORK EXPERIENCE

PLANT NAME	PLANT TYPE	OPERATOR EXPERIENCE			
		MO/DAY/YEAR		CUMULATIVE	
		FROM	TO	YEARS	MONTHS
		TOTAL			

Signature _____

Date _____